

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		3				
15		3				
16	1					
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20	1					
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TOTAL IND.	8					
TOTAL DEP.	51					
TOTAL CLAIMS	59					

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